

www.mass.gov/abcc

LICENSE NUMBER: 066200001		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: FU WAH RESTAUDOING BUSINESS A CHIN'S GARDEN	•			
ADDRESS 106 110 MAIN ST.				
CITY/TOWN: MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: YIP, GEORGE W. TYP	'E OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	SES:			
1 FLOOR, BASEMENT FOR STORAGE AND EXITS, 1 SERVICE ENTRANCE, PREP AREA, 5 RESTROOMS				
<ol> <li>I hereby certify and swear under penalties</li> <li>the renewed license will be of t</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol>	the same type for the	monwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corp	orate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NUMBER: 00	56200002		CITY (	OR TOWN	MARLBOI	ROUGH
APPLICATION FOR R	ENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: G	REAT ROAD PUB	& GRILL IN	C.			
DOING BUSINESS A	TAILGATERS					
ADDRESS 771 BOSTO	ON POST RD.					
CITY/TOWN: MARLI	BOROUGH	STATE: N	MA ZII	P CODE:	01752	
MANAGER: GEHLE KIMBE		OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	OUR EMAIL ADDE	RESS		_
DESCRIPTION OF LIC	ENSED PREMISE	S:				
FREE STANDING BLI SHOPPING CENTER.O				IE MARLB	ORO COMM	IONS
I hereby certify and swea	ar under penalties o	f perjury that:				
1. the renewed	license will be of the	e same type fo	r the same pi	emises nov	v licensed;	
2. the licensee h	nas complied with a	ll laws of the C	Commonweal	th relating	to taxes; and	
3. the premises	are now open for bu	usiness (If not	explain belo	w)		
SIGNED BY						
Iı	ndividual, Partner or	r Authorized C	Corporate Of	ficer		
DATE:	TELEPHONE	NUMBER:				TION NUMBER:
			(1)	Note: <u>NOT</u> In	dividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	ector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUMBER: 066200	003	CITY OR TOWN	MARLBOROUGH
APPLICATION FOR RENEV	VAL: Annua	l LICENS	SED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: MPG M DOING BUSINESS A PICCA	ADILLY PUB		
ADDRESS 587 BOLTON ST			
CITY/TOWN: MARLBORC	OUGH STATE:	MA ZIP CODE:	01752
MANAGER: DEMIR, DAN	IEL TYPE OF LICENS	E:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALS	O VISIT OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSE ONE FLOOR CONSISTING THREE ENTRANCES AND OF EXISTING BUILDING	OF DINING ROOM, LOU		
2. the licensee has con	e will be of the same type f	For the same premises now Commonwealth relating to	
SIGNED BY Individ	ual, Partner or Authorized	Corporate Officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the lenamed license and (2) the ce of 2010.	ouilding inspector and the	e head of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS. By:	ING AUTHORITY
DATE:			



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LICENSE NUMI	3ER: 066200004		CITY OR TOWN	MARLBOI	ROUGH
APPLICATION 1	FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	Æ: BANKGO COR	PORATION			
DOING BUSINE	ESS A ESCARGOT F	RESTAURANT			
ADDRESS 231 N	MAIN STREET				
CITY/TOWN: N	MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
	AMSRI, SOPHIA T VAH	YPE OF LICENSE:	Restaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUT	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION (	OF LICENSED PREM	MISES:			
	BRICK BLDG., NO DINING ROOM AN		NT AND REAR EXIT	'S, BLDG. IS	
I hereby certify a	nd swear under penalt	ties of perjury that:			
1. the rer	newed license will be	of the same type for t	he same premises nov	v licensed;	
2. the lic	ensee has complied w	vith all laws of the Co	mmonwealth relating	to taxes; and	
3. the pre	emises are now open	for business (If not ex	plain below)		
SIGNED BY					
	Individual, Part	ner or Authorized Con	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, sig	gned by the building	inspector and the he	the certificate require ead of the fire depart surance required by	tment for the	above
Please Check Below:	-		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved ex	xplain)				
DATE:					
DAIL.					



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LICENSE NUMBER	R: 066200005		CITY	OR TOWN	MARLBOR	ROUGH
APPLICATION FOI	R RENEWAL:	Annual	1	LICEN	SED FOR 20	13
		CLASS	S			YEAR
	A JAPAN ONE REST					
ADDRESS 197-I BC	OSTON POST ROAD-	WEST				
CITY/TOWN: MA	RLBOROUGH	STATE:	MA ZI	P CODE:	01752	
MANAGER: ZHA	NG,UANCHUNTYPE	OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER Y	OUR EMAIL ADD	RESS		
RESTAURANT BA ROOMS WITH TW ENTRANCES AND	LICENSED PREMISE R WITH 2 RESTROO! O RESTROOMS AND EXITS, SEPARATE E	MS, KITCHE OFFICE,RE ENTRANCES	STAURANT S AND EXIT	TO HAVE		
<ol> <li>the renew</li> <li>the licens</li> </ol>	wear under penalties of red license will be of the ee has complied with al ses are now open for bu	e same type for	or the same p Commonwea	alth relating to		
SIGNED BY	Individual, Partner or	r Authorized (	Corporate Of	ficer		
DATE:	TELEPHONE	NUMBER:	(		IDENTIFICAT	ION NUMBER:
Acts of 2004, signed	d, attest that we are in d by the building insp (2) the certificate of li	ector and the	head of the	fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	nin)		LOC By:	CAL LICENS	ING AUTHO	DRITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066200006		CITY OR TOWN MARLBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: HALFWAY CAFE	E, INC.	
DOING BUSINESS A HALFWAY CAR	Æ	
ADDRESS 820 BOSTON POST RD.		
CITY/TOWN: MARLBOROUGH	STATE: MA	ZIP CODE: 01752
MANAGER: MORRISSEY, TYMEN T.	PE OF LICENSE: Re	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMIS	SES:	
FREE STANDING EXISTING RESTAU	JRANT WITH AN A	ADDITION OF 16X16 OPEN DECK
I hereby certify and swear under penalties	s of perjury that:	
1. the renewed license will be of	* *	•
2. the licensee has complied with		_
3. the premises are now open for	business (If not expl	ain below)
SIGNED BY		
Individual, Partner	or Authorized Corpo	orate Officer
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head	ne certificate required by Chapter 304 of the d of the fire department for the above arance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER	R: 066200007		CITY OR TOWN	MARLBOI	ROUGH
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	NO BOUNDARIES, I				
ADDRESS 00500A	BOSTON POST RD.				
CITY/TOWN: MA	RLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: PAU	L V. FINN TYPE	OF LICENSE: Re	staurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTED VOLD E	MAII ADDRESS		
DESCRIPTION OF	LICENSED PREMISES		WALL ADDRESS		
ONE STORY BLDC	G. WITH TWO ROOMS TION OF 20 X 12 OPE	S, TWO BATHRO	the state of the s	ONT OF THE	
I hereby certify and s	swear under penalties of	perjury that:			
	ved license will be of the		=		
	ee has complied with all		_	to taxes; and	
3. the premi	ses are now open for bu	siness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of lig	ctor and the hea	d of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 066200008		CITY OR TOWN	MARLBURUUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ROYAL PLAZA, IN			
DOING BUSINESS A BEST WESTERN	ROYAL PLAZA HO	OTEL & TRADE (	CENTER
ADDRESS 181 BOSTON POST ROAD			
CITY/TOWN: MARLBOROUGH	STATE: MA	ZIP CODE:	01752
MANAGER: SKINNER, TYPI RICHARD	E OF LICENSE: Innl	nolder C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
ADDITIONAL PREMISES CONSISTS O LAND PRESENTLY USED AS TRADE OF SPACE, SEPARATE MEETING ROOMS, THE MEZZANINE AREA AND BASEM	CENTER. SINGLE S EXHIBITION SPACE	STORY WITH OF CE LOUNGE ARE	FICE
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	he same type for the	same premises now	licensed;
2. the licensee has complied with a	all laws of the Comm	onwealth relating t	to taxes; and
3. the premises are now open for b	ousiness (If not expla	in below)	
SIGNED BY Individual, Partner of	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
		(Note: NOT Inc	dividual Social Security Number)
We the undersigned, attest that we are is Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010.	pector and the head	of the fire depart	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
(If disapproved explain)			
		-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	: 066200009		CITY OR TOWN	MARLBOROUGH
APPLICATION FOR	RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	WILDWOOD INC.			
DOING BUSINESS A	A WILDWOOD STE	AK HOUSE		
ADDRESS 189 BOS	ΓΟΝ POST ROAD			
CITY/TOWN: MAR	LBOROUGH	STATE: MA	ZIP CODE:	01752
	MOUR, TYPE ALD N.	E OF LICENSE: Rest	taurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
P	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF L				
ONE ENTRANCE AND OF FOR LIQUOR AND	NE EXIT IN REAR.	1ST FLR; 4 ROOMS	S. 2ND FLR ONE R	OOM, CELLAR
I hereby certify and sv	wear under penalties o	of perjury that:		
1. the renewe	ed license will be of th	e same type for the s	same premises now l	icensed;
	e has complied with a		· ·	taxes; and
3. the premise	es are now open for b	usiness (If not explain	in below)	
SIGNED BY	Individual, Partner o	r Authorized Corpor	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER I	IDENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the head	of the fire departm	d by Chapter 304 of the ent for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	n)			
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBE	ER: 066200010		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: TIAN YU INC.				
DOING BUSINESS	S A FUJI STEAKHOU	JSE			
ADDRESS 200 BC	OSTON POST ROAD				
CITY/TOWN: MA	ARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: ZEI	NG, SHUYING TYP	E OF LICENSE:Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	<b>3:</b>				
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
	F LICENSED PREMIS				
REAR	RY BLDG,ENTRANC	E ON BOSTON PC	OST RD, EXIT ON	BOTH SIDES	SAND
I hereby certify and	swear under penalties	of perjury that:			
1. the rene	wed license will be of the	he same type for the	same premises nov	v licensed;	
2. the licen	see has complied with	all laws of the Com	nonwealth relating	to taxes; and	
3. the prem	nises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corn	orate Officer		
	marviduai, i armer	of Authorized Corp.	rate Officer		
DATE:	TELEDIJONI	E MUMDED.	EMPI OVE	R IDENTIFICAT	ION NUMBER:
21121	TELEPHONE	i NUMBER:		dividual Social S	
	ed, attest that we are i ed by the building ins				
	l (2) the certificate of				
Please Check Below: APPROVED:	]		LOCAL LICEN	SING AUTHO	DRITY
DISAPPROVED:	J		By:		
(If disapproved exp	lain)				
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY LIC	CENSEES DURING THE M	IONTH OF NOVEMBER (I	M.G.L. Ch. 138 \$ 16	jA)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 066200012		CITY OR TOWN	MARLBOI	ROUGH
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: MAHAL ENTERPR S A TANDOORI GRIL H BOSTON POST ROA	L			
CITY/TOWN: M.		STATE: MA	ZIP CODE:	01752	
		~			W.C 1
MANAGER: BH	IATIA, SHAILA TYPE	E OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PREMISE	ES:			
	nsee has complied with a nises are now open for b Individual, Partner o	usiness (If not exp	olain below)	o taxes; and	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
Acts of 2004, sign	ned, attest that we are in ned by the building insp d (2) the certificate of li	ector and the he	ad of the fire departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]   blain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 06620	0014	CITY OR TOWN	MARLBOROUGH
APPLICATION FOR RENE	EWAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Bear I	Paw, Inc		
DOING BUSINESS A Wes	tender		
ADDRESS 493 BOSTON P	OST ROAD - WEST		
CITY/TOWN: MARLBOR	OUGH STATE: MA	ZIP CODE:	01752
MANAGER: LeDuc, Matt	hew TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENS			
	ING OF DINING ROOM,KITO E. ENTRANCE AND EXIT O		E WITH CELLAR
I hereby certify and swear ur	nder penalties of perjury that:		
1. the renewed licen	se will be of the same type for t	he same premises now	licensed;
2. the licensee has c	omplied with all laws of the Co	mmonwealth relating to	o taxes; and
3. the premises are i	now open for business (If not ex	plain below)	
SIGNED BY	idual, Partner or Authorized Con	rnorate Officer	
marv	dual, I artifer of Additionized Col	iporate Officer	
DATE:	TELEDIJONE NUMBED.	EMPI OYER	R IDENTIFICATION NUMBER:
	TELEPHONE NUMBER:		lividual Social Security Number)
	t that we are in possession (1) building inspector and the he		
	certificate of liquor liability in		
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		Ву:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUS'	Γ BE FILED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 066200016		CITY OR T	OWN	MARLBOR	ROUGH
APPLICATION	N FOR RENEWAL:	Annua	al I	LICENS	SED FOR 20	13
		CLAS	S			YEAR
DOING BUSIN	ME: JIMWALL CONESS A JOY ASIA					
	5 BOSTON POST RO		M. Sm. so.		04.77.0	
CITY/TOWN:	MARLBOROUGH	STATE:	MA ZIP COI	DE:	01752	
MANAGER:	KONG, JAMES	TYPE OF LICENS	SE: Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
		OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS			
ONE STORY F	N OF LICENSED PRI RESTAURANT, STR XIT TO PARKING I	EET LEVEL WITH	I FRONT DOOR A	S ENT	RANCE AN	D EXIT,
2. the l	renewed license will be licensee has complied premises are now open	with all laws of the	Commonwealth rel			
SIGNED BY	Individual, Pa	rtner or Authorized	Corporate Officer			
DATE:	TELEPI	HONE NUMBER:				ION NUMBER:
Acts of 2004, s	signed, attest that we signed by the building and (2) the certifica	ng inspector and th	e head of the fire d	lepartn	nent for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL L	ICENS	ING AUTHO	DRITY
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 066	200017		CITY OR TOWN	MARLBO	ROUGH
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: MA DOING BUSINESS A W ADDRESS 80 BROADM CITY/TOWN: MARLBO MANAGER: JOLLES,	VAYSIDE RACQUE EADOW ROAD DROUGH		ZIP CODE:	01752 CATEGORY:	All Alcohol
EMAIL ADDRESS:		LICEINSE. Res		ZIILGORI.	
	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		
2. the licensee has	O CORRIDORS,BAR COURTS USED FO CAR EAST ENTRAN	R RACQUET SINCE. NUMERO erjury that:  ame type for the aws of the Comm	PORTS. REAR LOUS ENTRANCES same premises now	UNGE AREA AND EXITS v licensed;	
SIGNED BY	lividual, Partner or A	uthorized Corpo	rate Officer		
DATE:  We the undersigned, att Acts of 2004, signed by t named license and (2) th	the building inspect	ossession (1) the	(Note: <u>NOT</u> In	ment for the	er 304 of the above
of 2010.	o corving or aqu	or		Campier 110	01 0110 11000
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)			LOCAL LICENBY:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 066200018	CITY OR TOWN MARLBOROUGH
APPLICATION FOR RENEWAL: Annua	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: COUNTRY CLUB LOUNGES & DOING BUSINESS A MARLBOROUGH COUNTRY	
ADDRESS 192 CONCORD RD.	
CITY/TOWN: MARLBOROUGH STATE:	MA ZIP CODE: 01752
MANAGER: CAMPBELL, TYPE OF LICENS SCOTT E.	SE: Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER* DESCRIPTION OF LICENSED PREMISES: 4 ROOMS IN BASEMENT, 4 ENTRANCES AND EXI	
INTO PORCH, 1ST FLR; 5 ROOMS, 6 ENTRANCES AS ENTRANCES AND EXITS	
I hereby certify and swear under penalties of perjury that	::
1. the renewed license will be of the same type f	-
2. the licensee has complied with all laws of the	_
3. the premises are now open for business (If no	explain below)
SIGNED BY Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	e head of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
<u></u>	· 
(If disapproved explain)	
<u></u>	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	066200019		CITY OR TO	WN MARLBO	KUUUH
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Q. CAFE LLC				
DOING BUSINESS A	FIREFLYS				
ADDRESS 350 E. MA	AIN ST.				
CITY/TOWN: MARI	LBOROUGH	STATE: MA	ZIP CODI	E: 01752	
MANAGER: GILBE	ERT, MILES TYP	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L					
SINGLE STORY BUI STORAGE, FRONT E TABLES DECK MEA	ENTRANCE AND I				
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of t	he same type for th	e same premises	now licensed;	
2. the licensee	has complied with	all laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premise	s are now open for	business (If not exp	olain below)		
SIGNED BY	Indiaideal Daws	A41	t- Off		
	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:			EMDI	OVER IDENTIFICATI	FION NILIMBED.
DAIL.	TELEPHON	E NUMBER:		OYER IDENTIFICAT $ar{ extbf{T}}$ Individual Social S	
We the undersigned, Acts of 2004, signed anamed license and (2 of 2010.	by the building ins	pector and the he	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					
D:11L.					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	MBER: 066200021		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
	AME: THAI HOUSE INCORNESS A CHEZ SIAM RESTA				
ADDRESS 280	EAST MAIN ST.				
CITY/TOWN:	MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER:	SPEROU, CHALAT TYPE OT.	OF LICENSE: Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBSI		EMAIL ADDRESS		
	N OF LICENSED PREMISES				
ROOM FOR S	OG. WITH 2655 SQ. FT. CON EATING FOR 48. SECOND I E FOR HEATING/ AIR CONI	FLOOR LOFT D	INING AREA FOR		
I hereby certify	and swear under penalties of	perjury that:			
1. the	renewed license will be of the	same type for the	e same premises now	licensed;	
2. the 1	licensee has complied with all	laws of the Com	monwealth relating to	taxes; and	
3. the 1	premises are now open for bus	iness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004,	signed, attest that we are in signed by the building inspect and (2) the certificate of liq	ctor and the hea	d of the fire departi	nent for the	above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE.					
DATE:					



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LICENSE NUMBEI	R: 066200022		CITY O	R TOWN	MARLBOR	ROUGH
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	FFC WATERFORD	MARLBORO	HOLDING L	LC		
DOING BUSINESS	A THE HOTEL MAI	RLBOROUGH				
ADDRESS 75 FELT	ΓON ST.					
CITY/TOWN: MA	RLBOROUGH	STATE: N	1A ZIP	CODE:	01752	
MANAGER: SIM	ONE, MARY TYPE	E OF LICENSE	:Innholder	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	UR EMAIL ADDRES	SS		ı
DESCRIPTION OF	LICENSED PREMISE	ES:				
CONFERENCE AN	STING OF 200 UNITS ID OTHER APPURTE TIES AND CELLAR F	NANT AREAS	SERVICINO			
I hereby certify and	swear under penalties of	of perjury that:				
1. the renew	ved license will be of the	ne same type for	the same pre-	mises now	licensed;	
2. the licens	see has complied with a	all laws of the C	ommonwealth	n relating to	taxes; and	
3. the premi	ises are now open for b	usiness (If not e	explain below	)		
SIGNED BY	T. P. M. J. Davis	. A. 4 1.0	Off.			
	Individual, Partner of	or Authorized C	orporate Offic	cer		
DATE:				EMBLOVED	IDENTIFICAT	ION NUMBER.
DATE.	TELEPHONE	NUMBER:				ION NUMBER: ecurity Number)
						,
Acts of 2004, signe	ed, attest that we are i d by the building insp (2) the certificate of l	ector and the l	head of the fi	re departr	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	aın)					
DATE:						



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LICENSE NUMBER	R: 066200023		C	I Y OK TOW	N MARLDU	KUUUH
APPLICATION FO	R RENEWAL:	Annua	l	LIC	ENSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME:	MARLBOROUGH	LODGE #1129	9 LOYA	L ORDER M	OOSE INC	
DOING BUSINESS	Α					
ADDRESS 67 FITC	CHBURG					
CITY/TOWN: MA	RLBOROUGH	STATE:	MA	ZIP CODE:	01752	
MANAGER: HAT	TCH, NANCY J. TYP	PE OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER Y	OUR EMAII	ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:				
	IN HALL, COAT RC ROOM, BOILER RO					
	swear under penalties					
• •	wed license will be of			ne premises n	ow licensed;	
2. the licens	see has complied with	all laws of the	Common	wealth relatin	ng to taxes; and	
3. the premi	ises are now open for	business (If not	explain	below)		
SIGNED BY	Individual, Partner	or Authorized (	Corporat	e Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are d by the building ins (2) the certificate of	spector and the	head of	the fire depa	artment for the	above
Please Check Below:			]	LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			]	Ву:		
DISAPPROVED: [ (If disapproved expl	ain)					
(II disappioved expi	u <i>)</i>					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY L	CENSEES DURING	THE MONT	TH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 066200025		CITY OR TOWN	MARLBOI	ROUGH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
	FIRST EDITION IN				
ADDRESS 00011B F	FLORENCE ST.				
CITY/TOWN: MAR	RLBOROUGH	STATE: MA	ZIP CODE:	01752	
	LIVAN, TYPE IARD F. JR	OF LICENSE:	Cestaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMISE SERVICE, ONE ROO		GE,ONE KITCHEN,	2 ENTRANC	CES AND
2. the license	ed license will be of the ee has complied with a ees are now open for bu	ll laws of the Cor usiness (If not ex	nmonwealth relating t		
	Individual, Partner of	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Acts of 2004, signed	I, attest that we are in by the building inspo	ector and the he	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	BER: 066200027		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
DOING BUSINI	ME: ALLORA RISTORA ESS A LAKESIDE AVE.	NTE,INC.			
	MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: F	Ferro, Joseph F. TYPE	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISE	S:			
ENTRANCES A	ITCHEN, COUNTER ARI IND 2 EXITS NEW OUTI 5 IN X 84 FT. 9IN.				
I hereby certify a	and swear under penalties of	f perjury that:			
1. the re	newed license will be of the	e same type for the	same premises now	licensed;	
2. the lie	censee has complied with al	l laws of the Com	monwealth relating to	taxes; and	
3. the pr	remises are now open for bu	isiness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	. IDENTIFICATI	
Acts of 2004, si	gned, attest that we are in gned by the building inspo and (2) the certificate of lie	ector and the hea	d of the fire departr	nent for the	above
Please Check Below APPROVED: [ DISAPPROVED] (If disapproved e	):		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUMBER: 0	66200028		CITY OR TOW	N MARLBOR	OUGH
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: C DOING BUSINESS A ADDRESS 128 MAIN CITY/TOWN: MARL MANAGER: ZAMIR EMAIL ADDRESS:	SORENTO'S ITA STREET BOROUGH	STATE: M	A ZIP CODE:	01762 CATEGORY:	All Alcohol
PLE	CASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF LIC 5472 S/F RESTAURAN STORAGE UPSTAIRS ENTRANCE/EXIT AN	NT W/ KITCHEN, AND ADDITION	BAR AREA, SE VAL STORAGE	DOWNSTAIRS IN		FRONT
I hereby certify and swe	ar under penalties	of perjury that:			
2. the licensee l		all laws of the Co	the same premises nonmonwealth relating xplain below)		
SIGNED BY	ndividual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICATI Individual Social Se	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	pector and the h	ead of the fire depa	artment for the a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	)		LOCAL LICE By:	ENSING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 066200029	'	CITY OR TOWN	MAKLDUKUUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: MIDLAND HOT	EL CORP.		
DOING BUSI	NESS A HOLIDAY INN	1		
ADDRESS 26	5 LAKESIDE AVENUE			
CITY/TOWN:	MARLBOROUGH	STATE: MA	ZIP CODE:	01752
MANAGER:	SANTIAGO, TY	YPE OF LICENSE: Innh	older CA	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	IISES:		
ROOMS,ALL	ROOM, ONE COCKTA ON FIRST FLOOR. 4 O EXITS TO FIRST FLOO FLR	UTSIDE ENTRANCES	AND EXITS AND	4 EMERGENCY
I hereby certify	y and swear under penalti	es of perjury that:		
1. the	renewed license will be o	of the same type for the s	ame premises now l	icensed;
2. the	licensee has complied wi	th all laws of the Comm	onwealth relating to	taxes; and
3. the	premises are now open for	or business (If not explain	n below)	
SIGNED BY	Individual, Partn	er or Authorized Corpor	ate Officer	
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indi	vidual Social Security Number)
Acts of 2004,	rsigned, attest that we a signed by the building i e and (2) the certificate	nspector and the head	of the fire departm	ent for the above
Please Check Bell APPROVED: DISAPPROVI			LOCAL LICENSI By:	NG AUTHORITY
(If disapproved	<del></del>			
. 11	• ,			
DATE:				



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LICENSE NUMBER: (	)66200030		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: \$	SPEAKERS, INC.				
DOING BUSINESS A	SPEAKERS NIGHT	CLUB			
ADDRESS 19 WEED	ST.				
CITY/TOWN: MARL	BOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: SHAHE NORM	,	OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS		J
DESCRIPTION OF LI	CENSED PREMISES	5:			
FREE STANDING BL REAR; 1 STORAGE R			RANCE /EXITS II	V FRONT,1 I	EXIT IN
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Comm	onwealth relating to	taxes; and	
3. the premises	s are now open for bu	siness (If not expla	in below)		
SIGNED BY					
1	Individual, Partner or	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building inspe	ctor and the head	of the fire departs	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	)		-		
DATE.			-		
DATE:					



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LICENSE NUMBER:	066200031		CITY OR TOW	N MARLBO	ROUGH
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ZHENG BUFFER,ING	C.			
DOING BUSINESS A	A MARLBOROUGH S	SUPER BUFFE	Γ,INC		
ADDRESS 416 Bosto	on Post Rd.				
CITY/TOWN: MAR	LBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: ZHEN	G,DE AN TYPE	OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES	S:			
Dining area, lounge, k	itchen, front entrance a	and emergency e	xit		
I hereby certify and sv	vear under penalties of	perjury that:			
1. the renewe	d license will be of the	same type for th	ne same premises no	ow licensed;	
2. the license	e has complied with all	laws of the Con	nmonwealth relating	g to taxes; and	
3. the premise	es are now open for bu	siness (If not exp	olain below)		
SIGNED BY					
	Individual, Partner or	Authorized Cor	porate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
		• (4)			-04-0-
	, attest that we are in by the building inspe				
, 0	2) the certificate of liq		•		
of 2010.					
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY LICE	NSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 066200032		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	K.M. ENTERPRISE  A PROSPECTOR EA				
CITY/TOWN: MA		STATE: MA	ZID CODE.	01752	
				01752	
MANAGER: KAY		E OF LICENSE: R	destaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEI LICENSED PREMIS		EMAIL ADDRESS		
LIQUOR SOLD ON BACK ROOM, HA	FIRST FLOOR, ONE S TWO ROOMS FOR ROOM,CELLAR AN	E ROOM FOR EN R STORAGE, 3 E		-	
I hereby certify and	swear under penalties	of perjury that:			
	ved license will be of the	• •	•		
	see has complied with		_	o taxes; and	
3. the premi	ises are now open for t	ousiness (If not exp	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
	Ther victory	51 1 <b>141</b> 110112 <b>04</b> 001	porute officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are id by the building insp (2) the certificate of l	pector and the he	ad of the fire depart	ment for the	above
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NU	MBER: 066200033		CITY OR TOWN	MARLBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: MARLBOROU	UGH COZY CAFE, IN	IC.	
DOING BUSI	NESS A COZY CAFE	B		
ADDRESS 00	487A LINCOLN STRI	EET		
CITY/TOWN:	: MARLBOROUGH	STATE: MA	ZIP CODE:	01752
MANAGER:	COULOMBE, PETER	TYPE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
ONE MAIN R	OOM, CELLAR FOR	STORAGE, 2 ENTRA	ANCES AND EXITS	
I hereby certify	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for t	he same premises now	/ licensed;
2. the	licensee has complied	with all laws of the Co	mmonwealth relating	to taxes; and
3. the	premises are now oper	n for business (If not ex	plain below)	
SIGNED BY	Individual, Par	rtner or Authorized Co	rporate Officer	
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the h	ead of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED	BY LICENSEES DURING THI	E MONTH OF NOVEMBER (M	M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: (	)66200035		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	DINO'S TRATTORIA	A LLC			
DOING BUSINESS A	DINO'S TRATTOR	IA			
ADDRESS 277 MAIN	ST.				
CITY/TOWN: MARI	BOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: FERRE M.	ETTI, DINO TYPE	OF LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES	S:			
ONE FLOOR WITH C DINING AREA	NE ENTRANCE AN	ID TWO EXITS.	A BAR/ LOUNGE A	AREA AND	A
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	e same premises now	licensed;	
2. the licensee	has complied with all	l laws of the Com	monwealth relating t	o taxes; and	
3. the premises	s are now open for but	siness (If not expl	ain below)		
SIGNED BY					
]	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:			TION NUMBER:
			(Note: NOT Inc	iividuai Sociai S	Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building inspe	ctor and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain	)				
DATE:					



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	CITY OR TOWN MARLBOROUGH
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: AMERICAN LEGION AKROYD-HO	OUDE POST #132, THE
DOING BUSINESS A	
ADDRESS 90 MAPLE ST.	
CITY/TOWN: MARLBOROUGH STATE: MA	ZIP CODE: 01752
MANAGER: ARMOUR, JAMES TYPE OF LICENSE: V	eterans club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
2 ENTRANCES AND EXITS, FIRST FLOOR, 1 LOUNGE, 3 1 MAIN HALL, ONE OFFICE, ONE KITCHEN AND BAR	CLOSETS 3 STOREROOMS, 2ND FLR;
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	•
2. the licensee has complied with all laws of the Con	-
3. the premises are now open for business (If not exp	plain below)
SIGNED BY	
Individual, Partner or Authorized Corp	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) t Acts of 2004, signed by the building inspector and the her named license and (2) the certificate of liquor liability ins of 2010.	(Note: <u>NOT</u> Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the hean named license and (2) the certificate of liquor liability ins of 2010.  Please Check Below:	(Note: <u>NOT</u> Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the her named license and (2) the certificate of liquor liability ins of 2010.  Please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the hean named license and (2) the certificate of liquor liability ins of 2010.  Please Check Below:	(Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	(Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	(Note: NOT Individual Social Security Number)  the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUMBE	R: 066200038		CITY OR TOWN	MARLBOI	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SHOLLO INC.				
DOING BUSINESS	A SERGIO'S RESTA	AURANT			
ADDRESS 416 BO	STON POST RD-EAS	ST			
CITY/TOWN: MA	RLBOROUGH	STATE: MA	ZIP CODE:	01752	
	OLLO, TYP EKSANDER	PE OF LICENSE:R	destaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
-	ONT PARCEL OF MAND ONE ENTRANG	-		R., TWO EXI	TS EAST
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	ved license will be of t	the same type for the	ne same premises now	licensed;	
2. the licens	see has complied with	all laws of the Cor	nmonwealth relating t	to taxes; and	
3. the prem	ises are now open for	business (If not exp	plain below)		
SIGNED BY					
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins (2) the certificate of	spector and the he	ad of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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LICENSE NUMBER: 066200039	CITY OR TOWN MARLBOROUGH
APPLICATION FOR RENEWAL: Ann	ual LICENSED FOR 2013
CLA	ASS YEAR
LICENSEE NAME: KENNEDY'S IRISH PUB INC. DOING BUSINESS A ADDRESS 00247A MAPLE ST.	
	MA 7ID CODE: 01752
CITY/TOWN: MARLBOROUGH STATE:  MANAGER: KENNEDY, TYPE OF LICEI CAROLYN	
EMAIL ADDRESS:	
DESCRIPTION OF LICENSED PREMISES:  2ND FLR AND CELLAR, CELLAR HAS STORAGE COOLER, BATH AREA. 1ST FLR; KITCHEN,LOU. OFFICE AND MEETING ROOM. EXPANSION TO	E AREA,HEATING SYSTEM, WALK IN NGE, BAR, RESTROOMS, 2ND FLR HAS
I hereby certify and swear under penalties of perjury the same type       the renewed license will be of the same type       the licensee has complied with all laws of the same type       the premises are now open for business (If the same type	e for the same premises now licensed; he Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorize	ed Corporate Officer
DATE: TELEPHONE NUMBER	: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and named license and (2) the certificate of liquor liabil of 2010.	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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LICENSE NUMBER: 0	)66200040		C	ITY OR TO	WN	MARLBO	ROUGH
APPLICATION FOR R	RENEWAL:	Annua	al	LIC	CEN	SED FOR 2	013
		CLAS	SS				YEAR
LICENSEE NAME: FOR DOING BUSINESS A ADDRESS 61 MECHA		AM POST #1	980 AM'	VETS OF W	.W.II	I	
CITY/TOWN: MARL	BOROUGH	STATE:	MA	ZIP CODE	Ξ:	01752	
MANAGER: HILL, O	GEORGE E. TYPI	E OF LICENS	SE:Club		CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLI	EASE ALSO VISIT OUR WEB	BSITE AND ENTER	YOUR EMAI	L ADDRESS			
DESCRIPTION OF LI	CENSED PREMISI	ES:					
TWO STORY BLDG. MEETING ROOM ON					F 400	00 SQ FT.	
I hereby certify and swe	ear under penalties o	of perjury that	:				
1. the renewed	license will be of the	ne same type	for the sa	me premises	now	licensed;	
2. the licensee	has complied with a	all laws of the	Commo	nwealth relati	ing to	taxes; and	
3. the premises	s are now open for b	ousiness (If no	t explain	below)			
SIGNED BY	Individual, Partner (	or Authorized	Corpora	te Officer			
DATE:	TELEPHONE	NUMBER:					TION NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed h named license and (2) of 2010.	y the building insp	ector and th	e head o	f the fire dep	- partr	nent for the	e above
Please Check Below:				LOCAL LIC	ENS	ING AUTH	ORITY
APPROVED:	1			By:			
DISAPPROVED: [ [ (If disapproved explain	)						
(ii disapproved explain	,						
DATE:							
	L MUST BE FILED BY LIC				ED 0.1		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 066200041		CITY OR TOWN	MARLBOI	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	99 RESTAURANT ( A 99 RESTAURANT N POST ROAD WEST	C & PUB	C		
CITY/TOWN: MA		STATE: MA	ZIP CODE:	01752	
	MAHON, KARI TYPI	E OF LICENSE:	Restaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE		EEMAIL ADDRESS		
TWO ENTRANCES	S AND EXITS AT REANING AREA, CELLA	AR OF BUILDIN		TS OF KITC	CHEN,
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of yed license will be of the ee has complied with a ses are now open for b	ne same type for the Con	nmonwealth relating to		
SIGNED BY	Individual, Partner of	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER:
Acts of 2004, signe	d, attest that we are i d by the building insp (2) the certificate of l	ector and the he	ad of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTH	ORITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NU	MBER: 066200042		CITY OR TOWN	MARLBOR	ROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE N	AME: MARLBOROUG	GH FISH & GAME AS	SN.		
DOING BUSI	NESS A				
ADDRESS 1	MUDDY LANE				
CITY/TOWN	: MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER:	DENAULT JR,. T L.RUSSELL	YPE OF LICENSE: Cli	ıb C	ATEGORY:	All Alcohol
EMAIL ADD	RESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	N OF LICENSED PREM				
	N FIRST FLOOR. CELLA AND GROUNDS	AR USED FOR STORA	AGE,RIFLE RANG	E, BAR, HAI	LL,
I hereby certif	y and swear under penalt	ies of perjury that:			
1. the	renewed license will be	of the same type for the	same premises now	licensed;	
2. the	licensee has complied w	ith all laws of the Com	monwealth relating t	to taxes; and	
3. the	premises are now open f	or business (If not expl	ain below)		
SIGNED BY					
	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	Security Number)
Acts of 2004,	rsigned, attest that we a signed by the building e and (2) the certificate	inspector and the hea	d of the fire depart	ment for the	above
Please Check Bel			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROV.					
(If disapprove	u expiaiii)				
			-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	066200043		CIT	Y OR TOWN	MARLBOI	ROUGH
APPLICATION FOR	RENEWAL:	Annual		LICENS	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:	ITAL-AMER. WA	AR VETS.OF U.S.	INC. MA	ARL.POST #45		
DOING BUSINESS A						
ADDRESS 111 NEIL	STREET					
CITY/TOWN: MARI	LBOROUGH	STATE: M	A	ZIP CODE:	01752	
MANAGER: Winbu	sh, James TY	PE OF LICENSE:	Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	R EMAIL AI	DDRESS		_
DESCRIPTION OF LI	ICENSED PREMI	SES:				
EXISTING BUILDIN	G. ADD ONE ST	ORY 1140 SQFT.				
I hereby certify and sw	vear under penaltie	s of perjury that:				
•	d license will be of		the same	premises now	licensed;	
	has complied with			_		
	es are now open for			_	,	
		•				
CICNED DV						
SIGNED BY	Individual, Partner	r or Authorized Co	rnorate (	Officer		
		- 01 1 <b>1001</b> 10112 <b>0 0</b> 00	. portate			
DATE:						Y0111111111111111111111111111111111111
DATE.	TELEPHON	NE NUMBER:		(Note: NOT Indi		ION NUMBER:
				(Note: NOT IIII	ividuai sociai s	ecurity Number)
We the undersigned,	attest that we are	e in possession (1)	the cert	tificate require	d by Chapte	er 304 of the
Acts of 2004, signed						
named license and (2 of 2010.	) the certificate of	f liquor liability i	nsurance	e required by (	Chapter 116	of the Acts
Please Check Below:			LC	OCAL LICENS	ING AUTHO	ORITY
APPROVED:	7		Ву	<b>7:</b>		
DISAPPROVED: (If disapproved explain						
(11 disappioved explain	1)					_
			_			
DATE:			=			
DATE.						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 066200046		CITY OR TOWN	MARLBOROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSINESS	DJONT/CMB FCO A EMBASSY SUIT STON POST ROAD			
CITY/TOWN: MA		STATE: MA	ZIP CODE:	01752
MANAGER: TOM		PE OF LICENSE: I	nnholder C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		EMAIL ADDRESS	
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties yed license will be of the has complied with uses are now open for	the same type for the all laws of the Cor	nmonwealth relating	
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building ins	pector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066200047		CITY OR TOWN	MARLBOROUGH				
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013					
	CLASS		YEAR				
LICENSEE NAME: ANASTASIO KE	ESSARIS						
DOING BUSINESS A LINGUINE'S IT	TALIAN EATERY						
ADDRESS 350 BOSTON POST ROAD	)						
CITY/TOWN: MARLBOROUGH	STATE: MA	ZIP CODE:	01752				
MANAGER: KESSARIS, ANASTASIO	YPE OF LICENSE: Rest	taurant CA	ATEGORY: All Alcohol				
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:							
	1ST FLOOR, 2 RESTROOMS,4 ENTRANCES AND EXITS.LOCKED STORAGE						
I hereby certify and swear under penaltic		sama pramisas novu	licancade				
<ol> <li>the renewed license will be o</li> <li>the licensee has complied with</li> </ol>		=					
3. the premises are now open for		•	tunes, und				
SIGNED BY							
	er or Authorized Corpor	rate Officer					
	er or Authorized Corpor	rate Officer					
Individual, Partne	er or Authorized Corpor	rate Officer					
Individual, Partne	er or Authorized Corpor	EMPLOYER	IDENTIFICATION NUMBER:				
Individual, Partne		EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)				
Individual, Partne	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs	ed by Chapter 304 of the ment for the above				
DATE: TELEPHO!  We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: <u>NOT</u> Ind  certificate require of the fire departr rance required by	ed by Chapter 304 of the ment for the above				
Individual, Partner DATE:  TELEPHO  We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: <u>NOT</u> Ind  certificate require of the fire departr rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts				
Individual, Partner  DATE: TELEPHO  We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by 6	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts				
Individual, Partner DATE:  TELEPHO  We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by 6	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts				
Individual, Partner  DATE: TELEPHO  We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	NE NUMBER: re in possession (1) the nspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by 6	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts				



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LICENSE NUM	1BER: 066200048		CITY OR TOWN	MARLBO	ROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: GMRI INC				
DOING BUSIN	ESS A OLIVE GAR	RDEN ITALIAN RESTA	URANT #1626		
ADDRESS 728	DONALD LYNCH	BLVD			
CITY/TOWN:	MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
	THOMPSON, JANET M.	TYPE OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				1
	PLEASE ALSO VISIT C	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PRI	EMISES:			
		TRANT WITH FOUR D G AREA AND ENTRY		ΓCHEN, BAF	₹,
I hereby certify	and swear under pena	alties of perjury that:			
1. the re	enewed license will b	e of the same type for the	e same premises now	v licensed;	
2. the li	icensee has complied	with all laws of the Com	monwealth relating	to taxes; and	
3. the p	remises are now oper	n for business (If not exp	lain below)		
SIGNED BY					
	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
<b>Acts of 2004, s</b>	igned by the buildin	e are in possession (1) the are in possession (1) the againspector and the heate of liquor liability ins	nd of the fire depart	ment for the	above
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)		<del>-</del>		
DATE:					
•					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066200050		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: ZARAPE, LLC				
DOING BUSINESS A				
ADDRESS 33 MAPLE ST.				
CITY/TOWN: MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: VERELA, ROSA TYPE	E OF LICENSE: Rest	taurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE ONE FLOOR, 2 ROOMS, KITCHEN, CEL I hereby certify and swear under penalties o  1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for bu	LAR FOR STORA of perjury that: e same type for the same type for the same type for the same usiness (If not expla	GE,2 EXITS AND assume premises now nonwealth relating to in below)	licensed;	CES
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:	ector and the head	of the fire departm	nent for the Chapter 116	above of the Acts
DISAPPROVED: (If disapproved explain)  DATE:				



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LICENSE NUMBER: 066200051		CITY OR TOV	WN	MARLBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			13
	CLASS				YEAR
LICENSEE NAME: FRATERNAL ORDER O	F EAGLES #3:	565, INC.			
DOING BUSINESS A					
ADDRESS 56 FLORENCE ST					
CITY/TOWN: MARLBOROUGH ST.	ATE: MA	ZIP CODE	Ξ:	01752	
MANAGER: HOLLIS, JAMES TYPE OF I	LICENSE: Club		CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM.	AIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:					
2 FLOORS. 1ST FLR CONSISTS OF SOCIAL I BATHROOMS,KITCHEN,BOILER ROOM,STO AND HALLWAY,BATHROOM, STORAGE RO	ORAGE ROOM	M, 2ND FLR C	CONS	SISTS OF O	FFICE
I hereby certify and swear under penalties of perj	ury that:				
1. the renewed license will be of the sam	e type for the s	ame premises	now i	licensed;	
2. the licensee has complied with all law			ing to	taxes; and	
3. the premises are now open for busines	s (If not explai	n below)			
SIGNED BY Individual, Partner or Autl	norized Corner	enta Officar			
individual, Fartilet Of Auti	iorizeu Corpor	ate Officer			
DATE: TELEBRIONE NUM		EMDLO	VED	IDENTIFIC AT	ION NUMBER:
TELEPHONE NUM	IBER:				ecurity Number)
					,
We the undersigned, attest that we are in poss Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	and the head	of the fire dep	- partn	nent for the	above
Please Check Below:		LOCAL LIC	ENS	ING AUTHO	ORITY
APPROVED:		By:			
DISAPPROVED:  (If disapproved explain)					
(If disapproved explain)					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	66200052		CITY OR TOWN	MARLBO	ROUGH
APPLICATION FOR R	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	NK Market, Inc				
DOING BUSINESS A	Post Road Pantry	1			
ADDRESS 21-25 BOS	TON POST RD				
CITY/TOWN: MARL	BOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: PATEL	, APURVA TY	PE OF LICENSE: Pac	ckage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		-			
PLE	ASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIG					
2 ROOMS, 1 ROOM C SQ FT FOR STORAGE EMERGENCY EXIT		_			
I hereby certify and swe	ear under penaltie	s of perjury that:			
1. the renewed	license will be of	the same type for the	same premises now	licensed;	
2. the licensee	has complied with	h all laws of the Com	nonwealth relating to	o taxes; and	
3. the premises	are now open for	r business (If not expl	ain below)		
SIGNED BY			0.00		
]	ndividual, Partne	r or Authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHON	NE NUMBER:			FION NUMBER: Security Number)
			(1000. <u>1101</u> mo	iividuai Sociai S	security (vumber)
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	)				
					<del></del>
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066200053	CITY OR TOWN MARLBOROUGH
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: PLAZA LIQUORS OF MARLBOROU	UGH
DOING BUSINESS A	
ADDRESS 222 D E. MAIN STREET	
CITY/TOWN: MARLBOROUGH STATE: MA	ZIP CODE: 01752
MANAGER: BENWAY JR., TYPE OF LICENSE:PORTON HAROLD	ackage Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
EXPAND CURRENT STORE FROM 1600 SQ FT TO 2300 DISPLAY AND STORAGE	SQ FT. NEW AREA TO BE USED FOR
<ol> <li>the renewed license will be of the same type for the</li> <li>the licensee has complied with all laws of the Con</li> <li>the premises are now open for business (If not exp</li> </ol>	nmonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized Corp	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	6200054		CITY O	R TOWN	MARLBOI	ROUGH
APPLICATION FOR RE	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: KI	RISH & ISHANI	CORPORATIO	N			
DOING BUSINESS A	MARLBOROUG	H COUNTRY C	ONVENIENO	CE STORI	Ξ	
ADDRESS 286 WEST N	MAIN ST					
CITY/TOWN: MARLE	SOROUGH	STATE: N	IA ZIP	CODE:	01752	
MANAGER: PATEL,	LINESH TYI	PE OF LICENSE	:Package Stor	re C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRES	SS		_
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
WOOD FRAME BLDG, SPACE, ONE PUBLIC A EMERGENCY						
I hereby certify and swea	r under penalties	of perjury that:				
1. the renewed li	icense will be of	the same type for	the same pre	mises now	licensed;	
2. the licensee h	as complied with	all laws of the C	ommonwealth	n relating t	o taxes; and	
3. the premises a	are now open for	business (If not e	explain below	)		
SIGNED BY						
In	dividual, Partner	or Authorized C	orporate Offic	er		
DATE:	TELEPHON	E NUMBER:				TION NUMBER:
			(No	te: <u>NOT</u> Inc	dividual Social S	Security Number)
Please Check Below:			LOCA	LLICENS	SING AUTHO	OPITV
APPROVED:			By:	L LICLIA	on to At The	ORITI
DISAPPROVED:			27.			
(If disapproved explain)						
D.A.TE						
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 066200055		CITY OR TOWN	MARLBOI	ROUGH
APPLICATIO:	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: DEMETRIOS	KAMBOSOS			
DOING BUSI	NESS A CAPITAL F	ARMS			
ADDRESS 554	4 BOSTON POST RE	EAST			
CITY/TOWN:	MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER:	KAMBOSOS, DEMTRIOS	TYPE OF LICENSE: Pa	ckage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	EMISES:			
		RIP MALL. SINGLE ST( Γ AND ONE EXIT IN RI		L BUILDIN	G WITH
	•	with all laws of the Com n for business (If not expl	_	o taxes; and	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Beld APPROVED:	ow:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED.	ED:		By:		
(If disapproved					
DATE:					
~					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 066200056		CITY OR TOWN	MARLDU	KUUUH
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
DOING BUSI	AME: HACHAM'S S NESS A THE LITTL 7 BOSTON POST RO	E STORE			
	MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER:	HACHEM, JEANNETTE M.	TYPE OF LICENSE:P	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PRI	EMISES:			
2400 SQ. FT. S	SINGLE STORY BLI	OG.,NO BASEMENT, 1	ENTRANCE 1 EXI	T	
	premises are now open	with all laws of the Conn for business (If not experted)	plain below)	to taxes; and	
DATE:	TELEPI	HONE NUMBER:			FION NUMBER: Security Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 066200057		CITY OR TOWN	MARLBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: EASTBROOK, INC			
DOING BUSIN	NESS A SPERRYS			
ADDRESS 013	5-17 E MAIN ST			
CITY/TOWN:	MARLBOROUGH	STATE: MA	ZIP CODE:	01752
MANAGER:	SPERRANZELLA, TYPI ANTHONY MICHAEL	E OF LICENSE: Pa	ckage Store CA	TEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISI	ES:		
ROOMS, ONE	R; MAIN ENTRANCE AND E OFFICE,ONE RETAIL AF SINGLE STORY AREA. 2N	REA AND STORA	GE ROOM WALK I	
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of the	ne same type for the	same premises now l	licensed;
2. the	licensee has complied with a	all laws of the Com	monwealth relating to	taxes; and
3. the	premises are now open for b	ousiness (If not expl	ain below)	
SIGNED BY	Individual, Partner o	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSI By:	ING AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 066200060		CITY OR TOWN	MARLBOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: EASTBROOK, INC			
DOING BUSI	NESS A SPERRY'S LIQUO	ORS		
ADDRESS 53	1 LINCOLN ST			
CITY/TOWN:	MARLBOROUGH	STATE: MA	ZIP CODE:	01752
MANAGER:	SPERRANZELLA, TYPE ANTHONY MICHAEL	E OF LICENSE: Pa	ckage Store CAT	EGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISE	ES:		
OF 1 ROOM F	RY MASONRY BLDG ON FOR SALE OF AB TO PUB NCE AND EXIT FOR PUBI	LIC,ONE OFFICE	AND TWO ROOMS I	FOR STORAGE,
I hereby certify	and swear under penalties of	of perjury that:		
1. the	renewed license will be of th	ne same type for the	same premises now lic	censed;
2. the	licensee has complied with a	all laws of the Com	monwealth relating to t	axes; and
3. the	premises are now open for b	ousiness (If not expl	ain below)	
SIGNED BY	Individual, Partner o	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSIN By:	IG AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060	5200062		CITY OR TOWN	MAKLDUK	ОООП
APPLICATION FOR RE	NEWAL:	Annual	LICENSI	ED FOR 20	13
		CLASS		Y	YEAR
LICENSEE NAME: Zu DOING BUSINESS A V		ence Store			
ADDRESS 505 Boston P	ost Rd West				
CITY/TOWN: MARLB	OROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: Manning,	Michael TYP	E OF LICENSE: Paci	kage Store CAT	ΓEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS DESCRIPTION OF LICE		BSITE AND ENTER YOUR EM ES:	AIL ADDRESS		
2. the licensee ha 3. the premises a  SIGNED BY	cense will be of the complied with the re now open for the complete th	he same type for the			
DATE:	TELEPHONE	E NUMBER:	EMPLOYER II (Note: <u>NOT</u> Indiv		ON NUMBER: curity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSIN	NG AUTHO	PRITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	066200063		C	ITY OR TO	WIN	MAKLD	JRUUUH
APPLICATION FOR	RENEWAL:	Annua	I	LI	CENS	ED FOR	2013
		CLASS	S				YEAR
DOING BUSINESS A	DEMETRIOS KAMBO A CAPITAL LIQUORS FON POST ROAD EAS						
CITY/TOWN: MAR			MA	ZIP CODI	F.	01752	
	BOSOS,DEMETYPE (	511112.					: All Alcohol
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER Y	OUR EMAII	ADDRESS			
	ICENSED PREMISES						
RETAIL STORE LOCENTRANCE/EXIT R	CATED IN A STRIP M EAR EXIT.	ALL WITH	APPRO	X.4,400 SQ	).FT. I	FRONT	
	e has complied with all es are now open for bus  Individual, Partner or A	iness (If not	explain	below)	ing to	taxes; and	i
DATE:	TELEPHONE N	UMBER:					ATION NUMBER: I Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			LOCAL LIC	CENSI	NG AUTI	HORITY
DATE:							



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060	6200065		CITY OR 7	TOWN	MARLBOI	ROUGH
APPLICATION FOR RE	NEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: JA	I JALARAM LLC					
DOING BUSINESS A P	LEASANT ST. G	ENERAL STOR	RE .			
ADDRESS 354 PLEASA	NT ST					
CITY/TOWN: MARLB	OROUGH	STATE: M	A ZIP CC	DDE:	01752	
MANAGER: PATEL, I	PINAL TYPE	OF LICENSE:	Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS			<u>-</u>
DESCRIPTION OF LICE	ENSED PREMISE	ES:				
2 STORY BLDG, ONE F FOR DELIVERIES ON S STORAGE, ATTIC FOR	STREET FLOOR,	WALK IN COO	OLER,RESTRO	OOM, C	ELLAR FOR	
I hereby certify and swear	r under penalties o	f perjury that:				
1. the renewed lie	cense will be of th	e same type for	the same premi	ses now	licensed;	
2. the licensee ha	as complied with a	ll laws of the Co	mmonwealth re	elating to	taxes; and	
3. the premises a	re now open for b	usiness (If not ex	xplain below)			
SIGNED BY						
Inc	dividual, Partner o	r Authorized Co	rporate Officer			
DATE:	TELEPHONE	NUMBER:				TION NUMBER:
			(Note:	NOT Ind	ividual Social S	Security Number)
Please Check Below:			LOCALI	LICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:			·			
(If disapproved explain)						<u></u>
DATE:						
DAIL.						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 066200067		C	II Y OK IO	WIN	MAKLDO	ROUGH
APPLICATION FO	R RENEWAL:	Annua	ા	LI	CENS	SED FOR 2	013
		CLAS	S				YEAR
	MARLBORO SQUA A MARLBORO WIN			COMPANY	Y, INC	C.	
ADDRESS 44 BOS	TON POST RD.						
CITY/TOWN: MA	RLBOROUGH	STATE:	MA	ZIP COD	E:	01752	
	TLER, TYPE PHEN P.	OF LICENS	SE:Packa	ige Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
NEW SINGLE STO	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE RY BUILDING WITH SIDE ENTRANCE/EX	S: 3,600 SQ. F	T. OF R	ETAIL ARE	EA FR	ONT	
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of yed license will be of the see has complied with all ises are now open for bu	e same type f	or the sa Commo	nwealth rela			
	Individual, Partner or	Authorized	Corpora	te Officer			
DATE:	TELEPHONE	NUMBER:					TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)			LOCAL LIC	CENS	ING AUTH	ORITY
DATE:							



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066	200068		CITY OR TOW	N MARLDU	KUUUH
APPLICATION FOR REM	NEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: VAL DOING BUSINESS A BO		IQUORS			
ADDRESS 147 BOLTON	ST.				
CITY/TOWN: MARLBO	OROUGH :	STATE: MA	ZIP CODE:	01752	
MANAGER: BUTKA, O	CHRISTY TYPE O	F LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSITI	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICE	NSED PREMISES:				
FRONT ENTRANCE SO APPROX 47 X 110 WITH				STORY BLDO	3
2. the licensee has 3. the premises are SIGNED BY	ense will be of the s s complied with all l e now open for busi	aws of the Comness (If not expl	monwealth relating		
	7.7.5.4.4.7. 01.7.	on corp.			
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
(If disapproved explain)  DATE:					



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LICENSE NUMB	ER: 066200069		CITY OR TO	WN MARLBO	ROUGH
APPLICATION F	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAMI DOING BUSINES ADDRESS 121 DO	S A THE STARI		GEMENT CORP.		
CITY/TOWN: M		STATE: M	A ZIP CODE	E: 01752	
MANAGER: TU		TYPE OF LICENSE:		CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PR	EMISES:			
THREE ROOMS, AND EXITS	KITCHEN,STOR	EROOM AND RESTA	AURANT, TWO F	RONT ENTRAN	NCES
I hereby certify and	d swear under pena	alties of perjury that:			
1. the rene	ewed license will b	be of the same type for	the same premises	now licensed;	
	•	with all laws of the Co		ing to taxes; and	
3. the pren	nises are now ope	n for business (If not ex	xplain below)		
SIGNED BY	Individual, Pa	urtner or Authorized Co	orporate Officer		
DATE:	TELEPI	HONE NUMBER:		OYER IDENTIFICA $^{f T}$ Individual Social $^{f S}$	
Acts of 2004, sign	ed by the buildin	e are in possession (1) ng inspector and the h te of liquor liability in	ead of the fire dep	partment for the	e above
Please Check Below:	_		LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	alain)				
(11 disappioved ex	piaiii)				
DATE:					
APPLICATION FOR REN	IEWAL MUST BE FILED	BY LICENSEES DURING TH	E MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NUMBE	CR: 066200070		CITY OR TOWN	MARLBOROUGH	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME	: KARIFF MARLBOR	OUGH, INC.			
DOING BUSINESS	S A THE LAZY DOG				
ADDRESS 031-33	MAIN ST				
CITY/TOWN: MA	ARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MA	DUC, TYPE TTHEW WARD	OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	MAIL ADDRESS		
	F LICENSED PREMISE				
	XX 3900 SQ FT WITH F ., CONTAINING 100 SE ITS				
<ol> <li>the renev</li> <li>the licen</li> </ol>	swear under penalties of wed license will be of the usee has complied with al hises are now open for bu	e same type for the	monwealth relating to		
SIGNED BY	Individual, Partner or	r Authorized Corp	orate Officer		
					1
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	_
Acts of 2004, signe	ed by the building inspe	ector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(11 disappioved exp.	14111)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:066200072		CITY OR TOWN	MARLBOROUGH
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A			ŕ	
ADDRESS 191 BOS	TON POST RD			
CITY/TOWN: MAR	LBOROUGH	STATE: MA	ZIP CODE:	01752
MANAGER: ROGE	ERS, TIFFANYTYPE	E OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR WEB	SITE AND ENTED VOLD	FMAH ADDDESS	
DESCRIPTION OF I			ENAIL ADDRESS	
LOCATED IN RK PI EXIT; REAR ENTRA				
I hereby certify and sv	wear under penalties of	of perjury that:		
			e same premises now	
	•		nmonwealth relating to	taxes; and
3. the premis	es are now open for b	usiness (If not exp	olain below)	
SIGNED BY	Individual, Partner of	r Authorized Corp	oorate Officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the he	ad of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHORITY
DATE:				
DISTE.				



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DESCRIPTION OF LICENSED PREMISES: APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, TWO ENTRANCES AND EXITS  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:  Iff disapproved explain)	LICENSE NUMBER: 0662	00073	(	CITY OR TOV	WN MARLBO	ROUGH
LICENSEE NAME: WARREN RESTAURANT CORP.  DOING BUSINESS A CHINA TASTE RESTAURANT  ADDRESS 00197A BOSTON POST RD-WEST  CITY/TOWN: MARLBOROUGH STATE: MA ZIP CODE: 01752  MANAGER: LEE, LIN FU TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol EMAIL ADDRESS:  PLEASE ALSO VISTI OUR WEISSTE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, TWO ENTRANCES AND EXITS  (I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY By:  DISAPPROVED:   [If disapproved explain)	APPLICATION FOR RENI	EWAL:	nnual	LIC	CENSED FOR 2	013
DOING BUSINESS A CHINA TASTE RESTAURANT  ADDRESS 00197A BOSTON POST RD-WEST  CITY/TOWN: MARLBOROUGH STATE: MA ZIP CODE: 01752  MANAGER: LEE, LIN FU TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol EMAIL ADDRESS:  PLEASE ALSO VISTI OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, TWO ENTRANCES AND EXITS  (I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  PLEASE ALSO VISTI OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS.  LOCAL LICENSING AUTHORITY By:  LICCAL LICENSING AUTHORITY By:  LICCAL LICENSING AUTHORITY By:		C	LASS			YEAR
ADDRESS 00197A BOSTON POST RD-WEST  CITY/TOWN: MARLBOROUGH STATE: MA ZIP CODE: 01752  MANAGER: LEE, LIN FU TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, TWO ENTRANCES AND EXITS  It hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: MOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  LICH MARLEDONE STATE S	LICENSEE NAME: WAR	REN RESTAURANT	CORP.			
MANAGER: LEE, LIN FU TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol EMAIL ADDRESS:    PILASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	DOING BUSINESS A CH	INA TASTE RESTAUF	RANT			
MANAGER: LEE, LIN FU TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  EMAIL ADDRESS:    FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, FWO ENTRANCES AND EXITS  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer    DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:   DISAPPROVED:   DISAPPROVED:   GIf disapproved explain)	ADDRESS 00197A BOSTO	ON POST RD-WEST				
DESCRIPTION OF LICENSED PREMISES:  APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, TWO ENTRANCES AND EXITS  Thereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	CITY/TOWN: MARLBO	ROUGH STAT	E: MA	ZIP CODE	: 01752	
DESCRIPTION OF LICENSED PREMISES: APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, TWO ENTRANCES AND EXITS  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:  Iff disapproved explain)	MANAGER: LEE, LIN F	U TYPE OF LIC	CENSE: Resta	aurant	CATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES:  APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, TWO ENTRANCES AND EXITS  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	EMAIL ADDRESS:					
APPROX 3000 SQ FT, CONSISTING OF A LARGE DINING ROOM, KITCHEN, RESTROOMS, TWO ENTRANCES AND EXITS  [I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	PLEASE A	ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMA	AIL ADDRESS		
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UIT disapproved explain)						
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: DISAPPROVED: By:  DISAPPROVED: GIT disapproved explain)	_		3E DINING	ROOM, KITC	HEN, RESTRO	OMS,
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:  [If disapproved explain]						
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:  [If disapproved explain]						
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  APPROVED:  DISAPPROVED:  Ultimate of the Commonwealth relating to taxes; and the premise are now open for business (If not explain below)	•				1 1.	
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:   DISAPPROVED:  Ultimate of Disapproved explain)			• •	•		
SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:   DISAPPROVED:   UIT disapproved explain)		•			ing to taxes; and	
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	3. the premises are	now open for business (	ii not expiai	ii below)		
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	SIGNED BY					
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below:		ridual, Partner or Author	rized Corpor	ate Officer		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below:						
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below:						
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UIT disapproved explain)	DATE:	TELEPHONE NUMB	ER:	EMPLO	YER IDENTIFICA	TION NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)				(Note: <b>NO</b> )		Security Number)
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)	We the undersigned, attes	st that we are in posses	sion (1) the	certificate red	mired by Chapt	ter 304 of the
of 2010.  Please Check Below: APPROVED: By:  DISAPPROVED:  (If disapproved explain)	Acts of 2004, signed by th	e building inspector ar	nd the head	of the fire dep	artment for the	e above
Please Check Below: APPROVED: By:  DISAPPROVED:  (If disapproved explain)		certificate of liquor lia	bility insura	ance required	by Chapter 110	6 of the Acts
APPROVED: By:  DISAPPROVED: Graph and the state of the st						
DISAPPROVED:					ENSING AUTH	ORITY
(If disapproved explain)				ву:		
	(If disapproved explain)					
DATE:						
DATE:						
	DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 066200076		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	MONTI'S MINI MA A	RKET, INC.			
ADDRESS 274 MAI	PLE STREET				
CITY/TOWN: MAI	RLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: MON	TI, STEPHEN TYPE	OF LICENSE:P	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISE				
	0 sf. Consisting of mainerly side, being a sing			front entrance	e, north
2. the license	ed license will be of the ee has complied with a ses are now open for be	ll laws of the Con usiness (If not exp	nmonwealth relating to		
	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER:	)66200077		CITY	OR TOWN	MARLBOI	ROUGH
APPLICATION FOR I	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 29 SOUTH CITY/TOWN: MARI	H BOLTON ST	, INC STATE: N	4A 771	P CODE:	01752	
MANAGER: Voyiatz						All Alcohol
EMAIL ADDRESS:		OF LICENSE	Restaurant		ATEGORI.	All Alcohol
	EASE ALSO VISIT OUR WEB	SITE AND ENTER YO	UR EMAIL ADDI	RESS		
DESCRIPTION OF LI	CENSED PREMISE	ES:				
ONE STORYO BLDG DINING ROOM AND					UT AREA, KI	ITCHEN,
2. the licensee	l license will be of the has complied with a s are now open for b	all laws of the C	Commonwea	lth relating		
SIGNED BY	Individual, Partner o	or Authorized C	orporate Of	ficer		
DATE:	TELEPHONE	NUMBER:	(I			TION NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	ector and the	head of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOC By:	AL LICEN:	SING AUTHO	ORITY
DATE:						



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LICENSE NUMBER: (	166200078		CITY OR TOW	N MARLBO	ROUGH
APPLICATION FOR F	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	STEPHEN ANTHO	NY'S, INC			
DOING BUSINESS A	STEPEN ANTHON	NY'S RESTAURA	NT		
ADDRESS 999 BOST	ON POST RD				
CITY/TOWN: MARL	BOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: SCERR ANTHO		E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	ES:			
ONE STORY BLDG.F SIDE. KITCHEN DOC FT. FREE STANDING	ORS ONE EAST SIE	DE. LOCATED IN	SMALL STRIP N		
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of th	e same type for the	same premises no	ow licensed;	
2. the licensee	has complied with a	ll laws of the Com	monwealth relating	g to taxes; and	
3. the premises	are now open for b	usiness (If not expl	ain below)		
SIGNED BY	Individual, Partner o	or Authorized Corn	orate Officer		
,	narviduai, i artiici o	1 Authorized Corp.	orate Officer		
DATE:	TELEPHONE	NI IMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHONE	WOWDER.	(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building insp	ector and the hea	d of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	)		-		
DATE:					
DATE.					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 066200080		CITY OR TOWN	MARLBOI	ROUGH
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	: ENVERTI BREGU S A CLASSIC PIZZA				
CITY/TOWN: MA		STATE: MA	ZIP CODE:	01752	
					W.C 1
MANAGER: BRI	EGU, ENVERTI TYPE	OF LICENSE: Re	estaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		J
DESCRIPTION OF	FLICENSED PREMISES	S:			
	see has complied with all isses are now open for bu  Individual, Partner or	siness (If not exp	lain below)	o taxes; and	
DATE:	TELEPHONE I	NUMBER:			TON NUMBER:
Acts of 2004, signe	ed, attest that we are in ed by the building inspe l (2) the certificate of lic	ector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUM	MBER: 066200082		CITY OR TOV	VN MARLBO	ROUGH
APPLICATION	N FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
DOING BUSIN	AME: WELLY'S RESTA NESS A 3 MAIN STREET	AURANT,INC.			
CITY/TOWN:	MARLBOROUGH	STATE: M	A ZIP CODE	: 01752	
MANAGER:	SE TY OLIVERIA,GILMA R	PE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREM	ISES:			
SQ.FT.KITCH ENTRANCE/E	STAURANT CONSOST EN W/216SQ.FT.RESTF XIT, EMERGENCY EX D NEXT UNIT TO INCL	RME;BASEMENT IT LEFT SIDE OF	FOR STOR- AGE; DINING RM. ALT	FRONT	EA IF 185
I hereby certify	and swear under penaltie	es of perjury that:			
1. the	renewed license will be o	f the same type for	the same premises r	now licensed;	
2. the 1	licensee has complied wit	h all laws of the Co	mmonwealth relation	ng to taxes; and	
3. the 1	premises are now open fo	r business (If not ex	kplain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Co	rporate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004,	signed, attest that we ar signed by the building it and (2) the certificate (	spector and the h	ead of the fire dep	artment for the	above
Please Check Belo	ow:		LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)		-		
DATE:					



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LICENSE NUMBER	066200083		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		'AFE			
ADDRESS 182 MAII	N ST				
CITY/TOWN: MAR	LBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: SCOT	T, RANDALL TYP	E OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
<u> </u>	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		J
DESCRIPTION OF L	ICENSED PREMIS	ES:			
ONE STORY STORE REAR EXIT HANDI					
2. the license		all laws of the Com	e same premises now nmonwealth relating to plain below)		
SIGNED D1	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (2010.	by the building insp	pector and the hea	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 066200084		CITY OR TOWN M	ARLBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
	CLASS		YEAR
LICENSEE NAME: BERTUCCI'S RES	TAURANT		
DOING BUSINESS A BERTUCCI'S BR	ICK OVEN PIZZER	[A	
ADDRESS 580 DONALD LYNCH BLV	D.		
CITY/TOWN: MARLBOROUGH	STATE: MA	ZIP CODE: 0	1752
MANAGER: HODGDON, DAVID TYP	PE OF LICENSE: Rest	aurant CATI	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
LOCATED IN SOLOMON POND MALI	L W/4,562 SQ. FT.		
I hereby certify and swear under penalties	of parium that		
1. the renewed license will be of t	1 5 6	same premises now lice	ensed:
2. the licensee has complied with	* *	-	
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY			
Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEBLION	E NILIMDED.	EMPLOYER IDE	ENTIFICATION NUMBER:
LELEPHON	E NUMBER:		ual Social Security Number)
W 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.0.	CI 4 204 64
We the undersigned, attest that we are Acts of 2004, signed by the building ins	_	_	-
named license and (2) the certificate of of 2010.	-	_	
Please Check Below:		LOCAL LICENSING	G AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved expiditi)			
DATE:			



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LICENSE NUMBER	:066200085		CITY OR TOW	N MAKLBUI	KOUGH	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS		LTD LLC				
ADDRESS 388 BOS	TON POST ROAD-	-EAST				
CITY/TOWN: MAF	RLBOROUGH	STATE: MA	ZIP CODE:	01752		
MANAGER: PRISO DELI		PE OF LICENSE:Re	staurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
		EBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I FREESTANDING B KITCHEN;EMERGE	LDG. WITH A SID	E ENTRANCE, BAF	TO RIGHT OF I	DINING ROOM	М,	
	es are now open for	a all laws of the Comi business (If not expl	ain below)	g to taxes; and		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT		
We the undersigned Acts of 2004, signed named license and ( of 2010.	by the building in	spector and the head	d of the fire depa	rtment for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	NSING AUTH	ORITY	
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 066200086		CITY OR TOWN	MARLBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: CONNELL RED, II	NC.			
DOING BUSINESS A STONY BROOK	MARKET			
ADDRESS 27 S. BOLTON STREET				
CITY/TOWN: MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER: TYP	PE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	ES:			
CONVENIENCE STORE WITH 1,008 SO EMERGENCY AND STORAGE ROOM.		RANCE/EXIT;REA	R EXIT FO	₹
2. the licensee has complied with     3. the premises are now open for l  SIGNED BY  Individual, Partner		nin below)		
,	·			
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 066200087		CITY OR TOWN	MARLDUI	KUUUH
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	AME: SAHAJANANI NESS A MARLBORO				
ADDRESS 1 I	EAST MAIN STREET				
CITY/TOWN:	: MARLBOROUGH	STATE: MA	ZIP CODE:	01752	
MANAGER:	PATEL, HARIKRISHNA	TYPE OF LICENSE: Pa	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				1
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PREI	MISES:			
RETAIL SPACE	CE WITH 6200 SQ. FT.	., FRONT ENTRANCE	E/EXIT; TWO REA	R DOORS	
	licensee has complied v premises are now open Individual, Part		lain below)	to taxes, and	
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Please Check Bell APPROVED: DISAPPROVI			LOCAL LICEN By:	SING AUTH	ORITY
(If disapproved					
DATE:					



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LICENSE NU	MBER: 066200088		CITY OR TOWN	MARLBOR	OUGH	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		13	
		CLASS		Ŋ	YEAR	
DOING BUSI		II INC.				
	9 FOREST STREET					
CITY/TOWN:	MARLBOROUGH	STATE: MA	ZIP CODE:	01752		
MANAGER:	TEAGER, PATRICIA	TYPE OF LICENSE: Re	estaurant C.		Wine and Malt Regular	
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS			
DESCRIPTIO	N OF LICENSED PRI	EMISES:				
SPORTS LOU		R-OUTDOOR SPORTS A PLUS ADDITION 2500 SE			) FT	
I hereby certify	y and swear under pena	alties of perjury that:				
1. the	renewed license will b	e of the same type for the	e same premises now	licensed;		
2. the	licensee has complied	with all laws of the Com	monwealth relating t	o taxes; and		
3. the	premises are now open	n for business (If not exp	lain below)			
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer			
DATE:	TELEPI	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Inc	lividual Social Se	curity Number)	
Acts of 2004,	signed by the buildin	e are in possession (1) the ginspector and the heate of liquor liability inst	id of the fire departi	ment for the a	ibove	
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	RITY	
APPROVED:			By:			
DISAPPROVI						
(If disapproved	d explain)					
					<u></u>	
DATE			-			
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:066200090		CITY	OR TOWN	WARLDU	ROUGH
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS	}			YEAR
LICENSEE NAME: DOING BUSINESS		CORP.				
ADDRESS 91 MAIN	STREET					
CITY/TOWN: MAF	RLBOROUGH	STATE:	MA Z	IP CODE:	01752	
MANAGER: LOM RICH		YPE OF LICENSI	E:Package S	Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER Y	OUR EMAIL ADI	DRESS		
DESCRIPTION OF I	LICENSED PREM	MISES:				
ONE STORY BLDG ALSO REAR EXIT	. W/3,989 SQ. FI	C. RETAIL STORI	E WITH FR	ONT & SII	DE ENTRANO	CE/EXIT.
2. the license	e has complied w	of the same type for ith all laws of the Cor business (If not	Commonwe	alth relating		
	Individual, Parti	ner or Authorized (	Corporate O	fficer		
DATE:	TELEPHO	ONE NUMBER:	,			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOO By:	CAL LICEN	ISING AUTH	ORITY
DATE:						